U.S. Lepartment of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOŘ ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



Form LM-30 (2003)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| OLMS | | | | | | |
|--|--|--|--|--|--|--|
| 1. File Number U- 13690 | 2. Fiscal Year Covered From: | | | | | |
| | 1 / 1 / 2004 Through: 12 / 31 / 2004 | | | | | |
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. | | | | | |
| Name Joe Muse | Name Electrical Workers IBEW AFL-CIO | | | | | |
| | Labor Organization File Number 022-469 | | | | | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any | | | | | |
| Street 601 Danville Avenue | Street 4315 Preston Highway, Suite 102 | | | | | |
| City Stanford | City Louisville | | | | | |
| State Kentucky ZIP Code + 4 40408 | State Kentucky ZIP Code + 4 40213 - 2031 | | | | | |
| 5. Position in labor organization. Trustee - Local #369 Benefit | Fund | | | | | |
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | | | | | | |
| Name and address of Employer (including trade name, if any). | | | | | | |
| Name | The differentiable of the content of | | | | | |
| Trade Name, if any: | | | | | | |
| P.O. Box, Bldg., Room No., if any | Sandadishand dephasely sharing any agreement, this is a result attained to result attained to result attained to result attained and results are results and results and results are results are results and results are results and results are results and results are resul | | | | | |
| The control of the co | 7.b. Amount. | | | | | |
| Street | | | | | | |
| City | A point and inspectation of the property of the contract of th | | | | | |
| State ZIP Code + 4 | | | | | | |
| Signature | | | | | | |
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | | | | | |
| | ring documents), has been examined by the signatory and is, to the best of the | | | | | |

| Náme of Person Filing Joe Muse | File Number U- |
|--|--|
| B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activity (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization. | wise dealing with the business vely seeking to represent, or irectly to, or otherwise |
| Name and address of Business (including trade name, if any). | 9. Business deals with: |
| Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | a. Labor Organization b. Trust c. Employer |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. |
| Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street | 11.b. Approximate dollar value of such dealing. |
| State | 12.a. Nature of interest held or income received. |
| | |
| | 12.b. Amount. |
| C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money | or parts A and B above) or other thing of value. |
| 13.a. Name and address of Employer or Labor Relations Consultant | 14.a. Nature of payment. |
| (including trade name, if any). Name Elect Workers Loc Union #369 Benefit Fund Trade Name, if any: | 01/22/2004 Milage reimbursement - \$66.60. 02/26/2004 Milage reimbursement - \$67.50. 04/20/2004 Milage reimbursement - \$67.50. 07/01/2004 Milage reimbursement - \$67.50. 10/01/2004 Milage reimbursement - \$67.50. |
| P.O. Box, Bldg., Room No., if any | |
| Street 906 Minona Avenue | |
| City Louisville | |
| State Kentucky ZIP Code + 4 40217 | |
| 13.b. Is the Business an Employer X or Consultant ? | 14.b. Amount of payment. \$337 |

| 7 | | | | | |
|-----------------------|-----------|-----------|------|----------------|--|
| Name of Person Filing | Toe Muse | | | File Number U- | |
| _ | 000 11450 | ** | | | |
| | | | | | |

Part C Continuation Page

| C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value. | and B above) or from any labor relations consultant t | o an employer any | | | |
|--|--|--|--|--|--|
| 13.a. Name and address of Employer or Labor Relations Consultant (including | 14.a. Nature of payment. | | | | |
| trade name, if any). | 11/09/2004 Milage reimbursement | | | | |
| Name Elect Workers Loc Unioin #369 Benefit Fund | 12/09/2004 Milage reimbursement - \$71.25. | | | | |
| Trade Name, if any: | | ; | | | |
| P.O. Box, Bldg., Room No., if any | | | | | |
| Street 906 Minona Avenue | | ÷ | | | |
| City Louisville | | | | | |
| State Kentucky ZIP Code + 4 40217 | Topic colors (the contract or contract or contract), the control term had been properly to the contract or contrac | MAN AND COMES AND AND CONTROL OF THE | | | |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. | | | | |
| 10.b. 13 the Eddiness att Employer | | \$214 | | | |
| C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value. | and B above) or from any labor relations consultant to | o an employer any | | | |
| Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | | | | |
| Name | THE CHARLES AND ADDRESS AND AD | | | | |
| Trade Name, if any: | | | | | |
| P.O. Box, Bldg., Room No., if any | | | | | |
| Figure per unit is a result of the control of the c | | | | | |
| Street Land Other Addition to Edition 1881, 413,650 for the same contractable for the same contr | | | | | |
| City City Charles Commission Comm | | | | | |
| State | | | | | |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. | Anthropour and the second and the se | | | |
| 10.0. Is the business an employer a or consultant seems : | TO THE REAL PROPERTY OF THE PARTY OF THE PAR | Andread administration of the control of the contro | | | |
| C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value. | and B above) or from any labor relations consultant to | o an employer any | | | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | the register of the soft management and the soft of th | | | |
| Name | | ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; | | | |
| Trade Name, if any: | | | | | |
| P.O. Box, Bldg., Room No., if any | | : | | | |
| Street | | | | | |
| City | | | | | |
| State ZIP Code + 4 | | | | | |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. | | | | |
| the second secon | | Conservation and an assume conservation of the | | | |